CITY OF CHICAGO—BOARD OF HEALTH
OFFICE OF THE PRESIDENT

STATE OF ILLINOIS } SS
COUNTY OF COOK }
CITY OF CHICAGO }

I, Herman N. Bundesen, M. D., Registrar of Vital Statistics of the City of Chicago, do hereby certify that I am the keeper of the records of births, stillbirths and deaths of the City of Chicago by virtue of the laws of the State of Illinois and the ordinances of the City of Chicago; that the accompanying certificate on this sheet is a true copy of a record kept by me in pursuance of said laws and ordinances.

This Certified Copy VALID Only When Original BLUE SEAL And BLUE SIGNATURE Are Affixed.

SEPT. 2, 1958

Herman N. Bundesen, M.D.
PRESIDENT OF THE BOARD OF HEALTH, REGISTRAR

CITY OF CHICAGO — BOARD OF HEALTH

047
92
649
70
USE DEATH
57 XX

ORIGINAL

STATE OF ILLINOIS
MEDICAL CERTIFICATE OF DEATH

STATE FILE NUMBER 58626

DECEDENT'S BIRTH NO.

REGISTRATION DISTRICT NO. 16.10 REGISTERED NUMBER

1. PLACE OF DEATH
a. COUNTY: COOK COUNTY, ILLINOIS
b. Death took place: ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☒ INSIDE city limits and in the city, village, or town named at 1c.
c. CITY, VILLAGE, OR TOWN: CHICAGO
d. LENGTH OF STAY IN 1b or 1c: 38 years
e. NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address): South Shore Hospital
f. LENGTH OF STAY IN 1e: 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)
a. STATE: Illinois
b. COUNTY: Cook
c. Residence was: ☐ OUTSIDE city limits and in ..... TOWNSHIP. ☐ INSIDE city limits and in the city, village, or town named at 2d
d. CITY, VILLAGE, OR TOWN: Chicago
e. LENGTH OF RESIDENCE AT 2c or 2d: 38 years
f. STREET ADDRESS: 703 East 80th Street
g. Did decedent reside ON A FARM? YES ☐ NO ☒

3. NAME OF DECEASED: a. (FIRST) John b. (MIDDLE) c. (LAST) Schmidt
4. DATE OF DEATH: (MONTH) August (DAY) 29, (YEAR) 1958
5. SEX: Male
6. RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (specify): Married
8. DATE OF BIRTH: March 12, 1894
9. AGE (in years last birthday): 64 If under 1 year: MONTHS DAYS If under 24 hrs.: HOURS MIN.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor
10b. KIND OF BUSINESS OR INDUSTRY: Building
11. BIRTHPLACE (City and state or foreign country): Hungary
12. Citizen of what country? U. S. A.
13. FATHER'S FULL NAME: John Schmidt
14. MOTHER'S FULL MAIDEN NAME: Margaret Koegler
15. Was deceased ever in U. S. Armed Forces? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NUMBER: 323-07-7887
17. INFORMANT a. SIGNATURE: Mildred H. Schickan Rel.
b. ADDRESS: 8015 Luella Avenue
c. RELATIONSHIP TO DECEASED: Hospital Record

18. CAUSE OF DEATH

PART I. DEATH WAS CAUSED BY: [Enter only one cause per line for (A), (B), and (C).]

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE. (A)	Carcinoma of the pancreas with metastases	one year
Conditions, if any, which gave rise to the above IMMEDIATE CAUSE (A), stating the UNDERLYING cause last. — due to (B)		
due to (C)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL CONDITION GIVEN IN PART I(A).
Small bowel obstruction - - - one week

19. AUTOPSY? YES ☐ NO ☒

20. DESCRIBE CIRCUMSTANCES OF INJURY, IF ANY, WHOSE NATURE IS MENTIONED IN PART I OR PART II ABOVE.

21. I hereby certify that I attended the deceased from 8-1, 1958, to 8-29, 1958, that I last saw the deceased alive on 7/29, 1958, and death occurred at 5:25 P.M., from the causes and on the date stated above.

DATE	SIGNED	ADDRESS	PHONE
8/30/58	Delbert H. Dolan, M.D.	1832 E. 87th Chicago 17	SA 1-2116

22. DISPOSITION: BURIAL-~~CREMATION~~-~~REMOVAL~~ (DATE) 9/2/58
CEMETERY: St. Mary's
LOCATION: Evergreen Park, Illinois

23. FUNERAL DIRECTOR
FIRM NAME: George R. Thompson Mortuary
ADDRESS: 1000-1010 E. 79th. Street. Chicago 19, Illinois
SIGNATURE: George R. Thompson
LICENSE NUMBER 293

24. Received for filing on AUG 31 1958 (Signed) Herman N. Bundesen
54 West Hubbard Street, Chicago 10
CHICAGO BOARD OF HEALTH LOCAL REGISTRAR

VS & R 200 (1955 Revision) based on the U. S. Standard Certificate of Death.

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